

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101579376

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4						
5				1		
6						
7						
8						
9						
10						
11						
12				1		
13						
14						
15						
16						
17				1		
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31				1		
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44				1		
45						
46						
47						
48						
49						
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53						
54						
55						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	22	←		←
TOTAL CLAIMS			26			